

in case of more than one child at a birth, a separate RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Esila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or Globe  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 152

2. Full name of child Mary Correa  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
3. Sex of Child Female 4. Twin, triplet or other No. 5. Legitimate? Yes 6. Date of birth July 5, 1927  
Month day year  
If child is not yet named, make supplemental report, as directed.

7. To be answered ONLY in event of plural births.

8. No. in order of birth 1

9. FATHER  
Full name Refugia Correa

10. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state

11. Color or race Mexican

12. Birthplace (city or place) Mexico  
(State or country)

13. Occupation Miner  
Nature of industry

14. MOTHER  
Full maiden name Virginia Guerra

15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state

16. Color or race Mexican

17. Birthplace (city or place) Miami, Ariz.  
(State or country)

18. Occupation Housewife  
Nature of industry

19. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead none  
(c) Stillborn none  
20. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 7:30 P. (Born alive or stillborn.) on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from supplemental report  
Signature T.R. Harper  
Address Globe, Arizona  
(Physician or midwife)  
J.M. Foster  
Local Registrar.

Month, day, year. 11/31/105 5'71  
Registrar. Filed 7-31 1927  
County Registrar.